

**United States Bankruptcy Court
Southern District of Ohio**

In re **Fred D Johnson, Jr.
Carlita P Johnson**

Debtor(s)

Case No. **2:12-bk-59835**
Chapter **7**

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:
Schedules I & J

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

The attached Creditor Matrix

Date: March 8, 2015

/s/ Joseph F. Reinier

Joseph F. Reinier 0081274
Attorney for Debtor(s)
Reinier Law, LLC
600 South High Street
Suite 100
Columbus, OH 43215
614-260-4732 Fax:614-229-3999
jfr.esq@gmail.com

Fill in this information to identify your case:

Debtor 1	<u>Fred D Johnson, Jr.</u>
Debtor 2 (Spouse, if filing)	<u>Carlita P Johnson</u>
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF OHIO</u>
Case number (If known)	<u>2:12-bk-59835</u>

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>retired</u>	<u>nursing</u>
Employer's name		<u>Dreamers Home Health Care</u>
Employer's address		<u>5742 Kathy Run Ln Columbus, OH 43229</u>
How long employed there?		<u>6 mos</u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>417.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>417.00</u>

Debtor 1 **Fred D Johnson, Jr.**
 Debtor 2 **Carlita P Johnson**

Case number (if known)

2:12-bk-59835

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
4. _____	\$ 0.00	\$ 417.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	\$ 0.00	\$ 0.00
5e. Insurance	\$ 0.00	\$ 0.00
5f. Domestic support obligations	\$ 0.00	\$ 0.00
5g. Union dues	\$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	\$ 0.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		
6. _____	\$ 0.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.		
7. _____	\$ 0.00	\$ 417.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	\$ 0.00
8b. Interest and dividends	\$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	\$ 0.00
8d. Unemployment compensation	\$ 0.00	\$ 0.00
8e. Social Security	\$ 1,398.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ 0.00	\$ 0.00
8g. Pension or retirement income	\$ 1,253.00	\$ 0.00
8h. Other monthly income. Specify: DFAS US Military Retirement	\$ 1,217.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.		
9. _____	\$ 3,868.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		
10. _____	\$ 3,868.00	+ \$ 417.00 = \$ 4,285.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____		
11. _____	+\$ 0.00	\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		
12. _____	\$ 4,285.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	<u>Fred D Johnson, Jr.</u>
Debtor 2	<u>Carlita P Johnson</u>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF OHIO</u>
Case number	<u>2:12-bk-59835</u>
(If known)	

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? No

Do not list Debtor 1 and Yes. Fill out this information for Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses	
4. \$	0.00

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	87.00
4c. \$	100.00
4d. \$	0.00
5. \$	0.00

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 Debtor 2 **Carlita P Johnson**

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6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 619.00
	6b. Water, sewer, garbage collection	6b. \$ 85.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 150.00
	6d. Other. Specify: cell phones	6d. \$ 210.00
7. Food and housekeeping supplies	7. \$ 475.00	
8. Childcare and children's education costs	8. \$ 0.00	
9. Clothing, laundry, and dry cleaning	9. \$ 150.00	
10. Personal care products and services	10. \$ 100.00	
11. Medical and dental expenses	11. \$ 150.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 350.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 0.00	
14. Charitable contributions and religious donations	14. \$ 0.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 0.00	
15b. Health insurance	15b. \$ 0.00	
15c. Vehicle insurance	15c. \$ 150.00	
15d. Other insurance. Specify:	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: REAL ESTATE TAXES	16. \$ 144.00	
Specify: anticipated tax obligation on Dreamers	\$ 105.00	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ 0.00	
17b. Car payments for Vehicle 2	17b. \$ 0.00	
17c. Other. Specify:	17c. \$ 0.00	
17d. Other. Specify:	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6l).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify: Support	\$ 550.00	
19.		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify:	21. +\$ 0.00	
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	\$ 3,425.00	
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ 4,285.00	
23b. Copy your monthly expenses from line 22 above.	23b. -\$ 3,425.00	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	\$ 860.00	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain:		

**United States Bankruptcy Court
Southern District of Ohio**

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Carlita P Johnson**

Debtor(s)

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Chapter **7**

**AMENDED
DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing document(s), consisting of 4 page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date March 6, 2015

Signature /s/ Fred D Johnson, Jr.
Fred D Johnson, Jr.
Debtor

Date March 6, 2015

Signature /s/ Carlita P Johnson
Carlita P Johnson
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

creditor.scn

City of Columbus
Income Tax Division
PO Box 183190
Columbus, OH 43218

Daniel Goldberg & Carolyn Bednar DDS
1600 Brice Road
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Internal Revenue Service
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Philadelphia, PA 19101

Navy Federal Cr Union
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Merrifield, VA 22119

Ohio Attorney General
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17th Floor
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Ohio Department of Taxation
Bankruptcy Division
PO Box 530
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Attn: Bankruptcy
2730 Liberty Ave
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Pnc Bank, N.a.
1 Financial Pkwy
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Wf Fin Bank
Attention: Bankruptcy
Po Box 10438
Des Moines, IA 50306